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**APPLICANTS**  
 Constance Linda Pitts, West Manchester, OH;

**\*\* CONTINUING DATA \*\*\*\*\*** None *TNS*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** None *TNS*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 05/29/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Examiner's Signature <i>[Signature]</i> <i>TNS</i> Initials	<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
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**ADDRESS**  
 Constance L. Pitts  
 5748 Clark Road  
 West Manchester, OH45382

**TITLE**  
 Hot drink cup lid with cooling air-flow

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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